

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	6784	8/6/00
O.I.P.E. CLASSIFIER	<i>Mr</i>	75353	8/11/00
FORMALITY REVIEW			9-15-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
—	Restricted	O	Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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